

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <b>10530281</b>	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1						51				
2		1					52				
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5		1					55				
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48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend	9						Total Depend				
Total Claims	10						Total Claims				

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